Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	10-15-07	Address:	6064 Roselawn	
Case #:	<u>34-31340</u> 3326 /		Hardinsburg IN 47125	
County:	Orange		-	
Time of L	sh create and Parks			
Type of Laboratory Seizure (check one)		Seizure I.ocation (check all that apply)		
X Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only)		Residence Outbuilding Vehicle	☐ Hotel/Motel X Open - No Structure ☐ Other;	
Items Four	nd: Location (bedroom, kitchen, open	air, etc)		
(check all th	at apply) /Ammonia Reaction(s):			
Red Pho	sphorous/Iodine Reaction(s):			
∏ Flamma	ble Solvents:			
☐ Water R	eactive Metal (Lithium):			
☐ Anhydro	ous Ammonia:			
Hydroch	nloric Acid Gas Generator(s):			
	re Aeid:	_		
	e Base:	·		
	em and location): <u>Iodine/Peroxide</u> n	nix outside		
·	, <u> </u>	•		
∐ Yes □ No	r age 18 discovered (check one) (number present) out to Child Protective Services	Ephedrine	Information Pseudocphedrine Tracking Logichant Tip	
This report	is to be faxed to the following age	encies that serve the lo	eation:	
	nent: Southeast TWP VFD	Fax: 812-72		
Health Department: Orange County			Fax: 812-723-7117	
	tion Service:	Fax:	/ 11 /	
Investigating ** This form listed with	of formation regarding this methamples Officer: Andry This to be faxed to the Fire Department, Helphin 24 hours of scene processing. This to be included with the case file, and a	hetamine Jaboratory, co. Phone <u>812 631 1485</u> alth Department and/or Child	d Protective Services Department	